Employment Application

Date: _____

Please read these instructions carefully.

- To be considered an applicant to The Town of Cicero, you must complete all parts of this application and sign the Applicant Statement. Incomplete applications will not be considered. Please use additional sheets of paper if necessary to provide all the requested information. You may attach a resume; however, this application must still be completed.
- If you need help filling out this application, or for any phase of the employment process, please let us know, and every reasonable effort will be made to accommodate your needs.

All qualified applicants will receive consideration without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other basis upon which discrimination is prohibited by municipal, state, or federal law.

Last Name	First Name	Middle Name	Primary Phone
Work Phone	Other Phone	Email	

Current Address - Street/Apt # City State Zip Code

If hired can you prove that you are eligible for employment in the United States? ☐ No ☐ Yes	Are you over the age of 18 years? (If no you may be required to provide authorization to work.) ☐ No ☐ Yes
Is there any information we would need about your name for us to be able to check your work record? If yes, explain: ☐ No ☐ Yes	Have you ever been convicted of a crime? If yes, explain. ☐ No ☐ Yes

Position desired:	Have you been previously employed by The Town of Cicero? ☐ No ☐ Yes If yes, when? What position?
Please check all that you are available for: ☐ Full time ☐ Part time ☐ Temporary ☐ Overtime ☐ Evenings ☐ Weekends ☐ Holidays	Have you ever applied for employment with us? ☐ No ☐ Yes If yes, month and year:
When would you be able to start work?	Minimum acceptable starting wage: $ _____ per ☐ hour ☐ week
What days/hours are you available to work? Are you available to work overtime? ☐ Yes ☐ No Can you travel if necessary? ☐ Yes ☐ No If yes, what percentage of the time? _____	What made you apply at The Town of Cicero? ☐ Employment Ad ☐ Current Employee ☐ Former Employee ☐ Employment Agency ☐ School or College ☐ Walk-in/self ☐ Other: _____ If referred by person, list name: _____

If driving is a requirement of the job for which you are applying:

Do you have a current, valid driver's license? ☐ Yes ☐ No Do you have a CDL? ☐ Yes ☐ No

Employment History

Begin with your most current or recent position. Although a resume may be attached, you must complete this section. ***If you have had additional employers, please attach another sheet of paper containing the same information as asked for below.***

1. Name of Employer	Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage $ per: ☐ hour ☐ year	Starting Position Title	Ending/Current Position Title
Date Left	Ending/Current Wage $ per: ☐ hour ☐ year	Supervisor Name & Title	Reason for Leaving
Responsibilities:		May we contact this employer? ☐ Yes ☐ No If no, explain:	

2. Name of Employer	Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage $ per: ☐ hour ☐ year	Starting Position Title	Ending/Current Position Title
Date Left	Ending/Current Wage $ per: ☐ hour ☐ year	Supervisor Name & Title	Reason for Leaving
Responsibilities:		May we contact this employer? ☐ Yes ☐ No If no, explain:	

3. Name of Employer	Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage $ per: ☐ hour ☐ year	Starting Position Title	Ending/Current Position Title
Date Left	Ending/Current Wage $ per: ☐ hour ☐ year	Supervisor Name & Title	Reason for Leaving
Responsibilities:		May we contact this employer? ☐ Yes ☐ No If no, explain:	

4. Name of Employer	Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage $ per: ☐ hour ☐ year	Starting Position Title	Ending/Current Position Title
Date Left	Ending/Current Wage $ per: ☐ hour ☐ year	Supervisor Name & Title	Reason for Leaving
Responsibilities:		May we contact this employer? ☐ Yes ☐ No If no, explain:	

5. Name of Employer	Location (Address, City, State, Zip)		Phone
Date Started	Starting Wage $ per: ☐ hour ☐ year	Starting Position Title	Ending/Current Position Title
Date Left	Ending/Current Wage $ per: ☐ hour ☐ year	Supervisor Name & Title	Reason for Leaving
Responsibilities:		May we contact this employer? ☐ Yes ☐ No If no, explain:	

Other History

Have you ever been fired from a position or otherwise asked to resign? ☐ No ☐ Yes If yes, please explain:

Have you had any employment that is not listed on the previous page? ☐ No ☐ Yes If yes, please explain.

Please describe any military service you had, including dates:

Education

	School Name & Location	Degree Earned	Course of Study
High School		☐ None ☐ Diploma ☐ GED	
Business/Trade/ Technical		☐ None ☐ List:	
College		☐ None ☐ Associate ☐ Bachelor	
Graduate Studies		☐ None ☐ Master ☐ Other (explain)	

Training

Please describe any training you have had that would be relevant to the job for which you are applying:

Special Skills

Please list any skills, accreditations, or certifications (such as CPR, lifeguard, etc.) that you possess that are not reflected elsewhere in this application (special license and/or business certification that are relevant to the job you are applying for)

Additional Information

Please tell us anything else that may help us with our hiring decision:

References

Give name, address & telephone of **three** professional references that are not related to you.

Name	Address	Phone
1.		
2.		
3.		

Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentional withholding of essential information called for in this form may result in my immediate dismissal.

I understand that the filling of this application with the Town of Cicero is a preliminary step to employment. It does not obligate the Town to offer employment, or the applicant to accept employment. An offer of employment, if made, is contingent upon receiving satisfactory background and reference checks as authorized by this statement and any other attachments. I understand that if I receive a contingent offer of employment and I accept the position, I may be required to complete additional information necessary for record keeping requirements. I agree to abide by all Town policies and procedures as outlined within the Town of Cicero policies, memos, handbooks, and other documents.

I authorize the Town of Cicero to check all references from current and previous employers and other references that may be relevant to my employment or my ability to perform the job for which I have applied. I authorize the Town of Cicero and/or its agents to verify any of the information furnished in this application and other background information deemed appropriate by the Town.

By signing this application, I authorize all persons, schools, and companies and law enforcement authorities and agencies to release any information concerning my background that may be relevant to evaluation of this employment application and I hereby release any such persons, schools, companies, and law enforcement authorities and agencies from any liability for damages whatsoever for issuing this information to the Town or its agents. The Town of Cicero will keep all such information confidential except where such information is required to be released by law, order of a court or other authority, or by any contractual agreement.

I understand and hereby acknowledge that any employment relationship with the Town of Cicero is at will, which means that, if I am hired, my employment with the Town is not for a fixed period of time and that I may resign at any time and the Town may terminate my employment and compensation at any time. I further agree that this at will employment relationship may not be changed by any written document or by conduct of any Town of Cicero employee or official.

Applicant Signature	Date

Thank you for completing an application for employment with the Town of Cicero; we appreciate your interest in working with us!